DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

DOCKET NO. <u>CS01-049</u>

As a below named Inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Via Electromigration By Changing The Via Bottom Geometric Profile

the specification of which (check one)		
X is attached hereto.		
was filed on	·	
Application Serial No.		
and was amended on(if	annliashla)	
amended by any amendment referred to	above.	ove identified specification metalang are entirely and
Title 37, Code of Federal Regulations,	§1.36(a).	examination of this application in accordance with
having a filing date before that of the a	nave also identified below ally to	de §119 of any foreign application(s) for patent or reign application for patent or inventor's certificate aimed:
Prior Foreign Application(s)		Priority Claimed:
(Number)	(Country)	(Day/Month/Year Filed)
(Number)	(Country)	(Day/Month/Year Filed)
		ny United States application(s) listed below and, insofar losed in the prior United States application in the §112, I acknowledge the duty to disclose material a) which occurred between the filing date of the prior lication:
(Application Serial No.)	(Filing Date) (Status)	(patented, pending, abandoned)
belief are believed to be true; and furth	her that these statements were ma	are true and that all statements made on information and de with the knowledge that willful false statements and r Section 1001 of Title 18 of the United States Code application or any patent issued thereon.
POWER OF ATTORNEY: As a name application and transact all business in	ed inventor, I hereby appoint the to the Patent and Trademark Office	following attorney(s) and/or agent(s) to prosecute this e connected therewith. (list name & registration no.)
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